



## CLASS 2 FACILITY REGISTRATION AND NOTIFICATION FORM ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

410 Willoughby Avenue, Suite 303, P.O. Box 11800, Juneau, AK 99811-1800  
Phone: 907-465-5237, E-mail: [dec.spar.class2@alaska.gov](mailto:dec.spar.class2@alaska.gov)



The following information, as applicable, must be provided for each Class 2 facility. Completed and submitted this form no later than 30 days after the following events: a facility was placed in service; an aboveground storage tank (AST) at a previously-registered facility is placed in service or permanently closed; the facility no longer meets the definition of a Class 2 facility; or a change in owner or operator. Submit the form by mail or email. If additional room is needed, use the **Additional Owner and Operator Form** available at the Class 2 facility webpage: <http://dec.alaska.gov/spar/ppr/Class2Facilities.htm> Refer to 18 AAC 75.835 - 18 AAC 75.849 or contact the department if you have questions.

**A. Purpose of form (check all that apply):**

- Facility registration                       No longer a Class 2 facility                       Change of owner(s) or operator(s)  
 AST(s) placed in service                       AST(s) permanently closed

**B. Facility Information**

Facility Name: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_  
 Primary Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Facility Physical Address (or latitude and longitude): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Fuel received by (check one):  Water  Air  Land Name of primary fuel supplier: \_\_\_\_\_

**C. Landowner<sup>1</sup> Information**

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Landowner Type (check one):**  Industrial/Commercial  Individual  Corporation  State  Military  
 Federal (Non-Military)  Municipal  Tribal Government  Nonprofit  Other \_\_\_\_\_

**D. Facility Owner<sup>1</sup> Information (if same as above write "Same")**

How many owners does this facility have? \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Facility Owner Type (check one):**  Industrial/Commercial  Individual  Corporation  State  Military  
 Federal (Non-Military)  Municipal  Tribal Government  Nonprofit  Other \_\_\_\_\_

**E. Facility Operator<sup>1</sup> Information (if same as above write "Same")**

How many operators does this facility have? \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**F. Additional Information**

- What assistance would be valuable to you and your facility?  Site Visit  No-fault/courtesy inspection  
 Educational handouts  Spill response plan assistance  Other: \_\_\_\_\_

<sup>1</sup> In cases with more than one land owner, facility owner or operator: a single facility contact may complete this form for all associated parties, providing that the form contains information requested for *each* party. Please see the **Additional Owner and Operator Form** if more space is needed. Alternatively, each entity may submit individual forms with applicable sections completed.

